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## STATEMENT OF

FEC FORM 1	ORGANIZATION						Office Use Only			
NAME OF COMMITTEE (in	n full)	(Check if is change			nple:If typing, type the lines.	12FE4				
EADS Nor	th Am	erica Ame	ericans	for	Competiti	on in A	erospa	ce PAC	, , <u>I</u>	
ADDRESS (number a	nd street)	1616 North Ft. M	lyer Drive							
(Check if address is changed)		Suite 1600								
		Arlington					22209			
			STATE		ZIP CODE					
COMMITTEE'S E-MA	AIL ADDRES	SS (Please provide , ACAPAC@elec	-							
(Check if address is changed)										
COMMITTEE'S WEB	PAGE ADD	DRESS (URL)								
(Check if	address									
is change	d)									
2. DATE 1	M / D 03		Y							
3. FEC IDENTIFIC	CATION NU	IMBER	C co	042123	0					
4. IS THIS STATE	MENT	NEW (N)	OR	×	AMENDED (A)					
I certify that I have e	examined th	is Statement and	to the best o	of my k	nowledge and belief	f it is true, co	rrect and cor	mplete.		
Type or Print Name	of Treasurer	Michelle Aksma	n							
Signature of Treasure	<i>Michelle</i> er	e Aksman			[Electronically Filed]	Date	11 / D		)11	
NOTE: Submission of		•			ect the person signing	-		alties of 2 U.S.C.	§437g.	
Office Use Only					For further information Federal Election Commi Toll Free 800-424-9530 Local 202-694-1100			<b>C FORM 1</b> evised 02/2009)		